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| PLACE WHERE ACCIDENT OCCURRED COUNTY _____ CITY OR TOWN _____ IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN | | LOC. NO. _____ | | |
| ROAD ON WHICH ACCIDENT OCCURRED INTERSECTING STREET OR RR X'ING NUMBER _____ BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____ CONSTR. <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO LIMIT NOT AT INTERSECTION <input type="checkbox"/> FT. <input type="checkbox"/> MI. N S E W OF _____ SHOW MILEPOST ON NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT. | | DO NOT WRITE IN THIS SPACE LOC. _____ CODE _____ SEVERITY _____ FAT. REC. _____ DR. REC. _____ | | |
| DATE OF ACCIDENT _____ 19 _____ DAY OF WEEK _____ HOUR _____ <input type="checkbox"/> A.M. IF EXACTLY NOON <input type="checkbox"/> P.M. OR MIDNIGHT, SO STATE | | DPS NO. _____ | | |
| UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO. _____ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____ YEAR _____ COLOR _____ & MAKE _____ MODEL _____ BODY STYLE _____ LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____ DRIVER'S NAME _____ LAST _____ FIRST _____ MIDDLE _____ ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____ DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ DOB _____ MO _____ DAY _____ YEAR _____ RACE _____ SEX _____ OCCUPATION _____ SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/> NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____ LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____ | | | | |
| UNIT NO. 2 MOTOR VEHICLE <input type="checkbox"/> TRAIN <input type="checkbox"/> PEDALCYCLIST <input type="checkbox"/> TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/> VEH IDENT NO. _____ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____ YEAR _____ COLOR _____ & MAKE _____ MODEL _____ BODY STYLE _____ LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____ DRIVER'S NAME _____ LAST _____ FIRST _____ MIDDLE _____ ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____ DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ DOB _____ MO _____ DAY _____ YEAR _____ RACE _____ SEX _____ OCCUPATION _____ SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/> NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____ LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____ | | | | |
| DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT _____ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ S _____ DAMAGE ESTIMATE _____ | | | | |
| LIGHT CONDITION 1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK | WEATHER 1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER | SURFACE CONDITION 1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER | TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER | DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) |
| IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| CHARGES FILED NAME _____ CHARGE _____ CITATION NUMBER _____ NAME _____ CHARGE _____ CITATION NUMBER _____ | | | | |
| TIME NOTIFIED OF ACCIDENT _____ DATE _____ HOUR _____ M _____ HOW _____ | | TIME ARRIVED AT SCENE OF ACCIDENT _____ DATE _____ HOUR _____ M _____ | | |
| TYPED OR PRINTED NAME OF INVESTIGATOR _____ | | DATE REPORT MADE _____ IS REPORT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| SIGNATURE OF INVESTIGATOR _____ | | ID NO. _____ DEPARTMENT _____ DIST./AREA _____ | | |

| | | | | | | | | | | | | | |
|--|---------------------------------|---|---|--|--|---|---|--|---|-----|-------------|-------------|--|
| SOLICITATION (SDL) | | EJECTED | CODE FOR TYPE RESTRAINT USED | AIRBAG CODE | HELMET USE | CODE FOR INJURY SEVERITY | ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE) | | | | | | |
| INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/ FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y-O.K. TO SOLICIT N-NO SOLICITATION | | A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK | A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE | Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED | 1 - WORK-DAMAGED 2 - WORK-NOT DAMAGED 3 - WORK-UNK IF DAMAGED 4 - NOT WORN 5 - UNK IF WORN | N - KILLED A - INCAPACITATING INJURY B - NON-INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED | 1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED | | | | | | |
| UNIT NO. 1 DAMAGE RATING | | TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO | VEHICLE REMOVED TO _____ BY _____ | | | | | | | | | | |
| Item No. | OCCUPANT'S POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. | | | SDL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE | |
| | 1 DRIVER | SEE FRONT | NAME (LAST NAME FIRST) | | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | | | | |
| | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | |
| UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE) DAMAGE RATING | | TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO | VEHICLE REMOVED TO _____ BY _____ | | | | | | | | | | |
| Item No. | OCCUPANT'S POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. | | | SDL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE | |
| | 6 DRIVER | SEE FRONT | NAME (LAST NAME FIRST) | | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | | | | |
| | 7 | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | |
| COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE | | | | | | | | | | | | | |
| PEDESTRIAN, PEDALCYCLIST ETC. | CASUALTY NAME (LAST NAME FIRST) | | CASUALTY ADDRESS (STREET, CITY, STATE, ZIP) | | SDL | TYPE SPECIMEN TAKEN | RESULT | HELMET | AGE | SEX | INJURY CODE | | |
| | | | | | | | | | | | | | |
| DISPOSITION OF KILLED AND INJURED | | | | | | | | | | | | | |
| ITEM NUMBERS | TAKEN TO | | BY | | TIME NOTIFIED | TIME ARRIVED AT SCENE | | IF AMBULANCE USED, SHOW NO. ATTENDANTS INC. DRIVER | | | | | |
| | | | | | | | | | | | | | |
| COMPLETE THIS SECTION IF PERSON KILLED | | | | | | | | | | | | | |
| ITEM NUMBER | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH | | | | | |
| INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY) | | | | | | | | | | | | | |
| DIAGRAM <input type="checkbox"/> ONE WAY <input type="checkbox"/> TWO WAY <input type="checkbox"/> DIVIDED  INDICATE NORTH | | | | | | | | | | | | | |
| FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION | | | | | | | | | | | | | |
| FACTORS/CONDITIONS CONTRIBUTING | | | | | | OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED | | | TRAFFIC CONTROL | | | | |
| UNIT 1 1 2 3 UNIT 2 1 2 3 | | | | | | UNIT 1 1 2 UNIT 2 1 2 | | | 0-NO CONTROL OR INOPERATIVE 1-OFFICER ON FLAGMAN 2-STOP AND GO SIGNAL 3-STOP SIGN 4-FLASHING RED LIGHT 5-TURN MARKS 6-WARNING SIGN 7-RR GATES OR SIGNALS 8-YIELD SIGN 9-CENTER STRIKE OR DIVIDER 10-NO PASSING ZONE 11-OTHER CONTROL | | | | |
| 1. ANIMAL ON ROAD - DOMESTIC 2. ANIMAL ON ROAD - WILD 3. BACKED WITHOUT SAFETY 4. CHANGED LANE WHEN UNSAFE 5. DEFECTIVE OR NO HEADLAMPS 6. DEFECTIVE OR NO STOP LAMPS 7. DEFECTIVE OR NO TAIL LAMPS 8. DEFECTIVE OR NO TURN SIGNAL LAMPS 9. DEFECTIVE OR NO TRAILER BRAKES 10. DEFECTIVE OR NO VEHICLE BRAKES 11. DEFECTIVE STEERING MECHANISM 12. DEFECTIVE OR SLICK TIRES 13. DEFECTIVE TRAILER HITCH 14. DISABLED IN TRAFFIC LANE 15. DISREGARD STOP AND RED SIGNAL 16. DISREGARD STOP SIGN OR LIGHT 17. DISREGARD TURN MARKS AT INTERSECTION 18. DISREGARD WARNING SIGN AT CONSTRUCTION 19. DISTRACTION IN VEHICLE 20. DRIVER INATTENTION 21. DROVE WITHOUT HEADLIGHTS 22. FAILED TO CONTROL SPEED 23. FAILED TO DRIVE IN SINGLE LANE 24. FAILED TO GIVE HALF OF ROADWAY 25. FAILED TO HEED WARNING SIGN 26. FAILED TO PASS TO LEFT SAFELY 27. FAILED TO PASS TO RIGHT SAFELY 28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL 29. FAILED TO STOP AT PROPER PLACE 30. FAILED TO STOP FOR SCHOOL BUS 31. FAILED TO STOP FOR TRAIN 32. FAILED TO YIELD ROW - EMERGENCY VEHICLE 33. FAILED TO YIELD ROW - OPEN INTERSECTION 34. FAILED TO YIELD ROW - PRIVATE DRIVE 35. FAILED TO YIELD ROW - STOP SIGN 36. FAILED TO YIELD ROW - TO PEDESTRIAN 37. FAILED TO YIELD ROW - TURNING LEFT 38. FAILED TO YIELD ROW - TURN ON RED 39. FAILED TO YIELD ROW - YIELD SIGN 40. FATIGUED OR ASLEEP 41. FAULTY EVASIVE ACTION 42. FIRE IN VEHICLE 43. FLEEING OR EVADING POLICE 44. FOLLOWED TOO CLOSELY 45. HAD BEEN DRUNKING 46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE) 47. ILL (EXPLAIN IN NARRATIVE) 48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE) 49. IMPROPER START FROM PARKED POSITION 50. LOAD NOT SECURED 51. OPENED DOOR INTO TRAFFIC LANE 52. OVERSIZE VEHICLE OR LOAD 53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE 54. PARKED AND FAILED TO SET BRAKES 55. PARKED IN TRAFFIC LANE 56. PARKED WITHOUT LIGHTS 57. PASSED IN NO PASSING ZONE 58. PASSED ON RIGHT SHOULDER 59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE 60. SPEEDING - UNSAFE (UNDER LIMIT) 61. SPEEDING - OVER LIMIT 62. TAKING MEDICATION (EXPLAIN IN NARRATIVE) 63. TURNED IMPROPERLY - CUT CORNER ON LEFT 64. TURNED IMPROPERLY - WIDE RIGHT 65. TURNED IMPROPERLY - WRONG LANE 66. TURNED WHEN UNSAFE 67. UNDER INFLUENCE - ALCOHOL 68. UNDER INFLUENCE - DRUG 69. WRONG SIDE - APPROACH OR IN INTERSECTION 70. WRONG SIDE - NOT PASSING 71. WRONG WAY - ONE WAY ROAD 72. OTHER FACTOR (WRITE IN ON LINE BELOW) | | | | | | | | | | | | | |

ST-3C (Rev. 1/1/96) COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S ACCIDENT REPORT

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| ACCIDENT INFORMATION | | LOC. NO. _____ |
| (1) COUNTY _____ | (2) CITY OR TOWN _____ | DO NOT WRITE IN THIS SPACE |
| (3) ROAD ON WHICH ACCIDENT OCCURRED _____ BLOCK NO. _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____ | | |
| (4) DATE OF ACCIDENT _____ 19__ (5) DAY OF WEEK _____ (6) HOUR _____ | (7) AM (IF EXACTLY NOON OR MIDNIGHT, SO STATE) _____ | |
| DRIVER INFORMATION | | MCS NO. _____ |
| (7) NAME LAST _____ FIRST _____ MIDDLE _____ | | (8) DRIVER'S LICENSE _____ STATE _____ NUMBER _____ |
| (9) DRIVER'S LICENSE CLASS/TYPE _____ (10) RESTRICTIONS _____ (11) ENDORSEMENTS _____ | | (12) DRIVER'S DOB _____ MONTH DAY YEAR |
| CARRIER INFORMATION | | (14) NAME SOURCE _____ |
| (13) VEHICLE OPERATION <input type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE | | SHIPPING PAPERS <input type="checkbox"/> DRIVER <input type="checkbox"/> |
| (15) CARRIER'S CORPORATE NAME _____ | | LOG BOOK <input type="checkbox"/> SIDE OF VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| (16) CARRIER'S PRIMARY ADDRESS _____ NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP _____ | | |
| (17) CARRIER ID TYPE: <input type="checkbox"/> ICC <input type="checkbox"/> DOT <input type="checkbox"/> RRC <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE | | (18) CARRIER ID NO. _____ |
| MOTOR VEHICLE INFORMATION | | (22) TOTAL NUMBER OF AXLES _____ |
| (19) UNIT NUMBER ON ST-3 _____ | | (23) TOTAL NUMBER OF TIRES _____ |
| (20) LICENSE PLATE YEAR _____ STATE _____ NUMBER _____ | | (24) AIR BRAKES <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (21) GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT _____ | | |
| (25) VEHICLE TYPE _____ 1-TRUCK 2-TRUCK TRACTOR 3-VAN 4-BUS 5-AUTOMOBILE 6-OTHER _____ | | (27) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID NO. _____ 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID NO. _____ |
| (26) CARGO BODY STYLE _____ 1-VAN/ENCLOSED BOX 2-DUMP 3-CARGO TANK 4-GARBAGE/REFUSE 5-SPECIALIZED 6-CEMENT MIXER 7-FLATBED 8-NA (ie, TRUCK TRACTOR, AUTO OR BUS) 9-OTHER _____ | | HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (28) VEHICLE USE _____ 1-FARM 2-MILITARY 3-RECREATIONAL 4-FIREFIGHTER 5-SCHOOL BUS 6-TRANSPORT PERSONAL PROPERTY 7-TRANSPORT SICK OR INJURED OR HUMAN CORPSES 8-PRIVATE TRANSPORTATION OF PASSENGERS 9-OTHER _____ | | (29) CARGO TYPE _____ 1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUIDS IN BULK 4-SOLIDS IN BULK 5-PRODUCE 6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER (SPECIFY) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) |
| (30) _____ IF THIS VEHICLE TYPE IS A BUS, SHOW THE NUMBER OF PASSENGERS THE BUS IS EQUIPPED TO CARRY (INCLUDING THE DRIVER) | | |
| (31) _____ SHOW THE NUMBER OF TRAILER(S) /SEMI-TRAILER(S) THIS MOTOR VEHICLE IS TOWING. COMPLETE TRAILER INFORMATION BELOW AS APPLICABLE | | |
| TRAILER NUMBER 1 INFORMATION | | (34) TRAILER TYPE _____ 1-FULL TRAILER 2-SEMI-TRAILER 3-POLE TRAILER |
| (32) LICENSE PLATE YEAR _____ STATE _____ NUMBER _____ | | (35) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID NO. _____ 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID NO. _____ |
| (33) GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT _____ | | HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (36) TRAILER CARGO BODY STYLE _____ 1-VAN/ENCLOSED BOX 2-DUMP 3-CARGO TANK 4-LIVESTOCK 5-SPECIALIZED 6-FLATBED 7-AUTO-TRANSPORT 8-OTHER _____ | | (37) CARGO TYPE _____ 1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUID IN BULK 4-SOLIDS IN BULK 5-PRODUCE 6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER (SPECIFY) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) |
| TRAILER NUMBER 2 INFORMATION | | (40) TRAILER TYPE _____ 1-FULL TRAILER 2-SEMI-TRAILER 3-POLE TRAILER |
| (38) LICENSE PLATE YEAR _____ STATE _____ NUMBER _____ | | (41) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID NO. _____ 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID NO. _____ |
| (39) GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT _____ | | HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (42) TRAILER CARGO BODY STYLE _____ 1-VAN/ENCLOSED BOX 2-DUMP 3-CARGO TANK 4-LIVESTOCK 5-SPECIALIZED 6-FLATBED 7-AUTO-TRANSPORT 8-OTHER _____ | | (43) CARGO TYPE _____ 1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUID IN BULK 4-SOLIDS IN BULK 5-PRODUCE 6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER (SPECIFY) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) |
| (44) SIGNATURE _____ DEPT. COMPLETING SUPPLEMENT _____ | | DATE THIS SUPPLEMENT MADE _____ |